



edifecs®

AI/NLP FOR REAL-TIME PRIOR AUTHORIZATION FOR PAYERS & PROVIDERS

Improving payer and provider collaboration through EHR integration and by leveraging AI, NLP, & FHIR® for automated in real-time prior authorization

AGENDA

During this conversation we'll discuss:

- Who is Edifecs?
- What's the current state of Prior Authorization?
- What are the challenges in solving the Prior Authorization problem?
- What's changing that's driving the industry towards a real solution?
- What are the essential components for real-time automated Prior Authorization?
- Outlook

INNOVATORS IN HEALTHCARE TECHNOLOGY

Building solutions that enable better patient care and improved financial performance in VBC contracts



Serving more than 215 million lives through our 350+ customers

TECHNOLOGY WITH A PURPOSE

Customer-first innovation model, proven by 26 years of reinvesting into new solutions to meet the dynamic demands of healthcare systems and health plans

- Provide scalable data exchange for healthcare companies and their partners
- Solve complex healthcare problems that improve the patient experience, the population's health, and the provider's experience – while reducing costs
- Capitalize on big data by using multi-channel and contextual delivery

HEALTHCARE MARKET FOCUS

	1050+ Employees Globally		Leaders In Clinical NLP, Interoperability
	75+ Provider Customers		40% Top Health Systems by Revenue
	75% Blue Plans		100% Top Health Plans

1996	2006	2009	2012	2015	2016	2018	2021 - 2022	2022 - 2023
SpecBuilder Standards mapping and testing simplified	Smart Trading Data governance and processes automation	Compliance Mandate management and certifications	Revenue Integrity Manage risk exposure of new programs	Population Payment Target, model, and manage risk-based contracts	Interoperability CMS Mandates/ FHIR API's DaVinci VBP Workflows	Smart Decisions Machine learning, big data analytics	Talix¹ (H-F) HEALTH FIDELITY Coding & Taxonomy (NLP)-enabled risk adjustment coding	Real-Time Prior Authorization AI/NLP enabled w/EHR integration

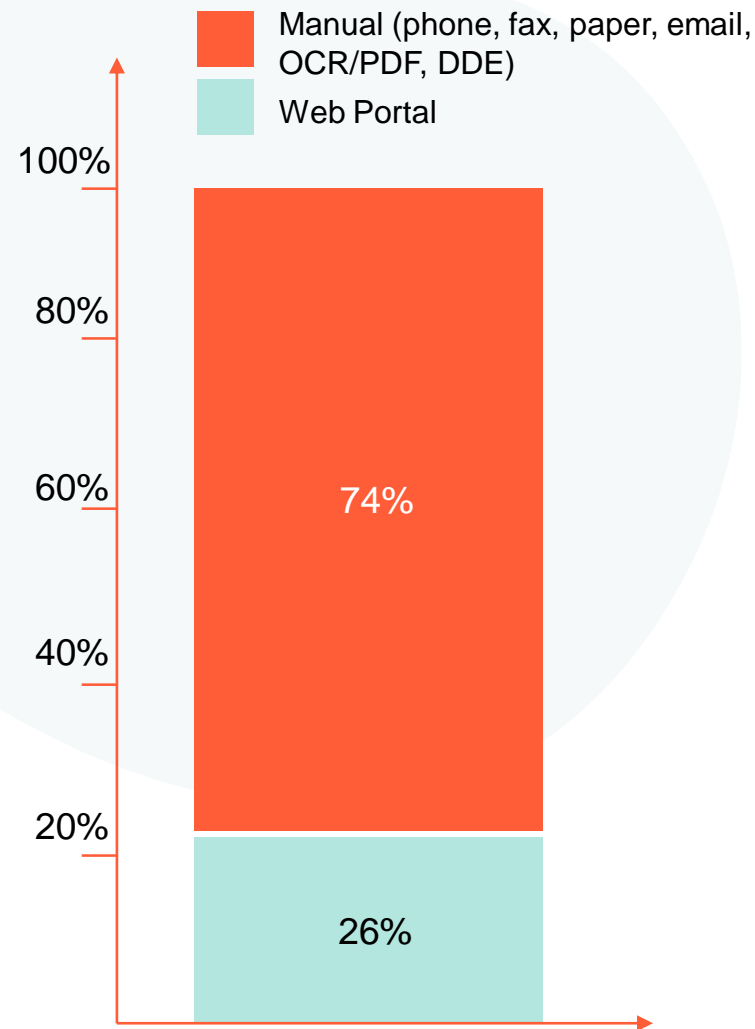
Prior Authorization is a **business problem**, not an IT challenge, & extends far beyond compliance

Solving Prior Authorization doesn't just cut costs it delivers **new business revenue**



PRIOR AUTHORIZATION TODAY

Most Prior Authorizations are submitted and/or reviewed manually



Source: Edifecs Payer interviews, CAQH Index



16 hours/week or **\$80,000/year** per ordering physician and **\$10.95 per submission**

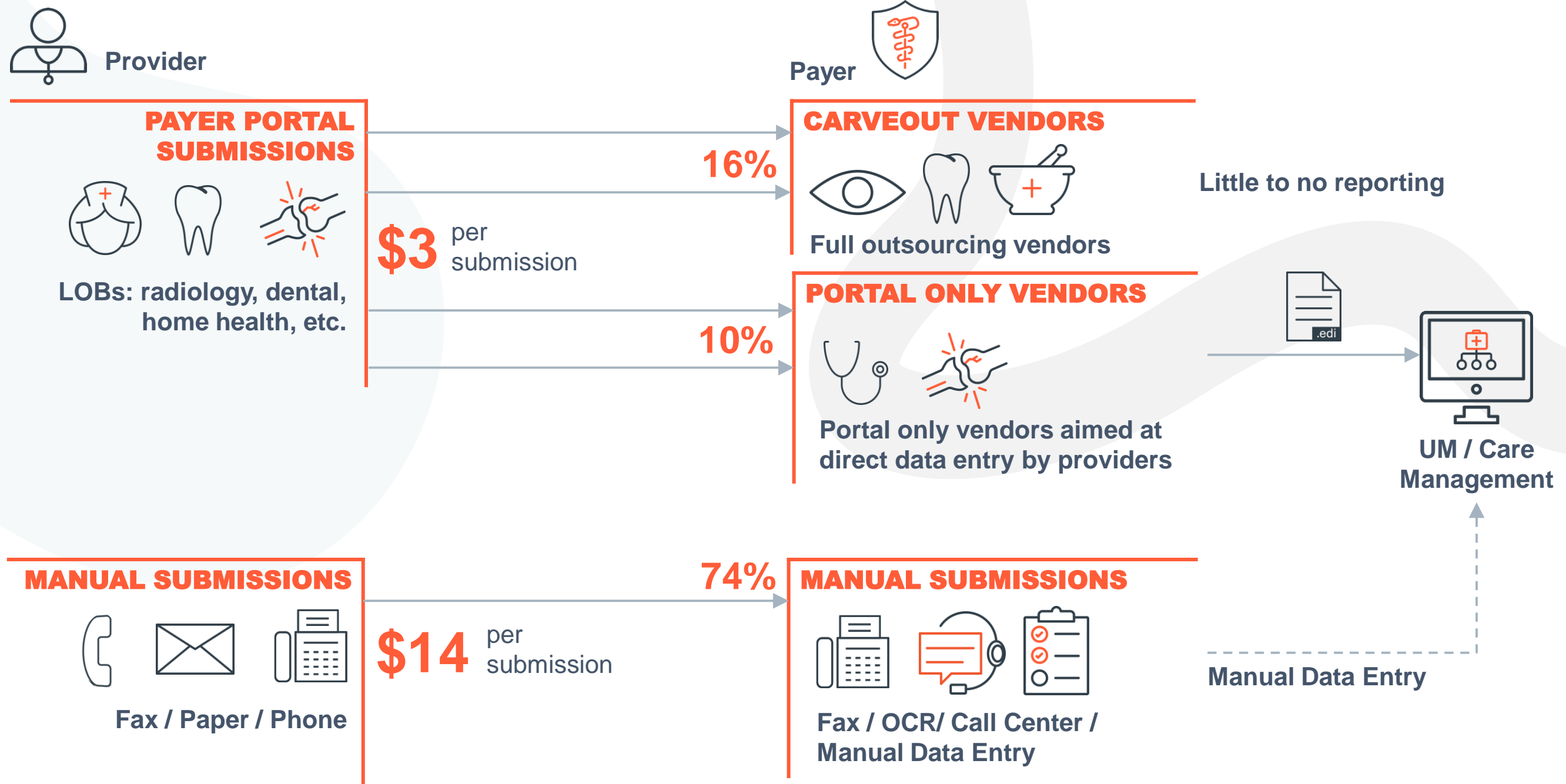


150-270 FTEs involved for a large size plan in Prior Auth processing and reviews

\$10-20 PMPY in administrative and operational costs

“A utilization review entity requiring health care providers to adhere to prior authorization protocols should accept and respond to prior authorization and step-therapy override requests exclusively through secure electronic transmissions using the standard electronic transactions for pharmacy and medical services benefits. *Facsimile, proprietary payer web-based portals, telephone discussions and nonstandard electronic forms shall not be considered electronic transmissions*” – AMA, Utilization Management Principles

COMPLEXITY OF MANUAL PRIOR AUTH



PROBLEMS:



Delayed patient's treatment



Revenue cycle, cost of labor



Hard to manage Provider programs



Lack of consolidated analytics and decision support

PRIOR AUTHORIZATION CHALLENGES



Medical guidelines are hard to consume and change frequently

Communication is inconvenient and difficult to document at the point of care

Approvals take up to 30 days

The process is **time consuming** for providers as they have to guess or use trial & error

Care is disrupted when providers have to leave the exam room to call or fax the plan

Patient care and experience is suboptimal and **claims payments are delayed**

INDUSTRY CHANGES CAN HELP AUTOMATE PRIOR AUTHORIZATION AT THE POINT OF CARE

What wasn't possible yesterday is possible today.

Evolution of industry-grade Clinical AI/ML/NLP

Emerging standards and integration technologies

Recent legislations aimed at transparency

YESTERDAY

AI/NLP is used for high-level clinical statistics and analysis

EHR systems are a closed ecosystem, limiting data sharing

Fear of competition limited data sharing

TODAY

AI/NLP is capable of making clinical determinations and data extractions suitable for prior auth, which otherwise takes hours by a human

Smart on FHIR and support by industry groups like **DaVinci** made it possible to build business solutions facilitating clinical data exchange between Payers and EHRs

New legislations such as: **Interoperability and Patient Access, No Surprises Act, Transparency in Coverage** enables payer and third-party integrations

PRIOR AUTHORIZATION LEGISLATION

Prior authorization legislation is accelerating. Are you ready?

State		Federal				
					<ul style="list-style-type: none"> ▪ CMS-9123-P For prior authorization burden reduction 	
				Texas passes "Gold Card" law	<ul style="list-style-type: none"> ▪ HR 7995- GOLD CARD Act of 2022 	
				Michigan requires standardization & transparency	<ul style="list-style-type: none"> ▪ H.R. 8078 Physicians given more autonomy 	
				Nevada establishes PA protocols for telehealth	<ul style="list-style-type: none"> ▪ S 3018- Improving Seniors Timely Access to Care 	
<ul style="list-style-type: none"> ▪ S. 1174 Promoted standard formats ▪ H.R. 5780 A PA program for all states 	<ul style="list-style-type: none"> ▪ H.R. 4841 ePA for Medicare Rx ▪ H.R. 7249 New MA requirements 	New York bans PA in some behavioral care	California prohibits plans from using their own clinical criteria	<ul style="list-style-type: none"> ▪ H.R. 2410 CMS sets new requirements ▪ H.R. 3173 ePA processes for MA 	7+ Additional state bills introduced	<ul style="list-style-type: none"> ▪ 3 Additional bills in congress and senate
2009 – 2017		2018	2019	2020	2021	2022

DELIVERING AUTOMATED PRIOR AUTHORIZATION IN REAL TIME

Essential components for automated Prior Authorization in real time

PRIOR AUTHORIZATION COMPONENTS

Five essential components for a comprehensive automated Prior Authorization solution

EHR Integration with AI/NLP Capabilities



Prior Auth Determination and Submission Forms



Prior Auth Auto-Adjudication Rules



Payer-Provider Workflow with AI/NLP for Decision Support



Support for Multiple Payers Systems and EHRs



Start Prior Auth as part of the integrated EHR ordering process with use of AI/NLP to process clinical notes

Automated determination based on Payer rules delivered to the EHR using a FHIR® standard with forms pre-populated from the patient's data

Automated Prior Authorization Adjudication based on Payer specific rules with real-time decision returned back to the EHR

Peer-to-Peer review and Provider status workflow with AI-based decision and RFAI requests coming directly to the EHR

Smart on FHIR® EHR integration with ability to support multiple payers with their own combination of eligibility requirements and forms

ADDITIONAL CONSIDERATIONS FOR PRIOR AUTHORIZATION

Things to keep in mind while planning for the Prior Authorization integration

Ensure EHR supports FHIR®



Attrition disrupts core business functions related to prior authorization



Upcoming state & federal mandates require drastic reductions in Prior Auth SLAs



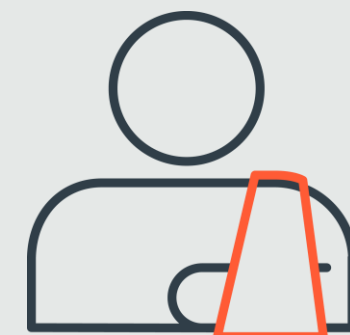
Independent insurance brokers are looking at Prior Auth automation as a differentiator



An increasingly competitive landscape makes Prior Auth automation even more important



Member/Patient's increasing involvement from initiatives like Patient Access will drive Burden Reduction & Prior Auth



INTERESTED IN LEARNING HOW WE'RE WORKING TO SOLVE PRIOR AUTHORIZATION?

Come see us at our WEDI booth!

Visit edifecs.com

[Schedule a demo](#)



THANK YOU

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